

A Multi-Tiered Evaluation of the Effectiveness of the FLIP IT Parent Training Model

Executive Summary

In response to the Ohio Department of Mental Health & Addiction Services' request for an evaluation, Miami University's Center for School-Based Mental Health Programs (CSBMHP) conducted an empirical evaluation of the FLIP IT parent training program to determine its effectiveness. A total of 321 parents/caregivers (representing a total of 430 children) provided quantitative survey data and qualitative focus group/interview data about the effectiveness of the FLIP IT training model in decreasing negative social, emotional, and behavioral outcomes and increasing positive social, emotional, and behavioral outcomes among participants' children. Data were collected at baseline (before receiving the FLIP IT training) and at three post-training follow-up time points (immediately following training, 3 months later, and 6+ months later).

Overall Results

Based on the results of this evaluation, the FLIP IT parent training model appears to be an effective parenting method for *decreasing* children's behavior problems, anxiety, depression, withdrawal, somatic complaints, delinquent behavior, aggressive behavior, and developmental problems; and *increasing* children's abilities to use independent thought and action to meet his/her needs (initiative), to express emotions and manage behaviors in healthy ways (self-regulation), and to promote and maintain mutual, positive connections with other children and adults (attachment/relationships).

In addition, the FLIP IT steps appear to be an effective parenting method for *decreasing* inconsistent or permissive parenting strategies, harsh or punitive parenting strategies, parent/caregiver distress levels, dysfunctional interactions within the parent-child relationship, and parental beliefs that their child(ren) is(are) difficult to manage.

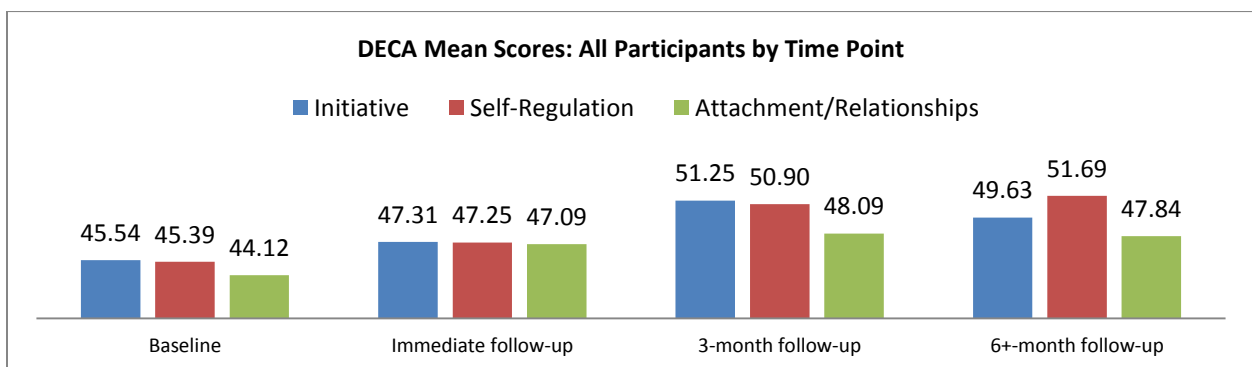
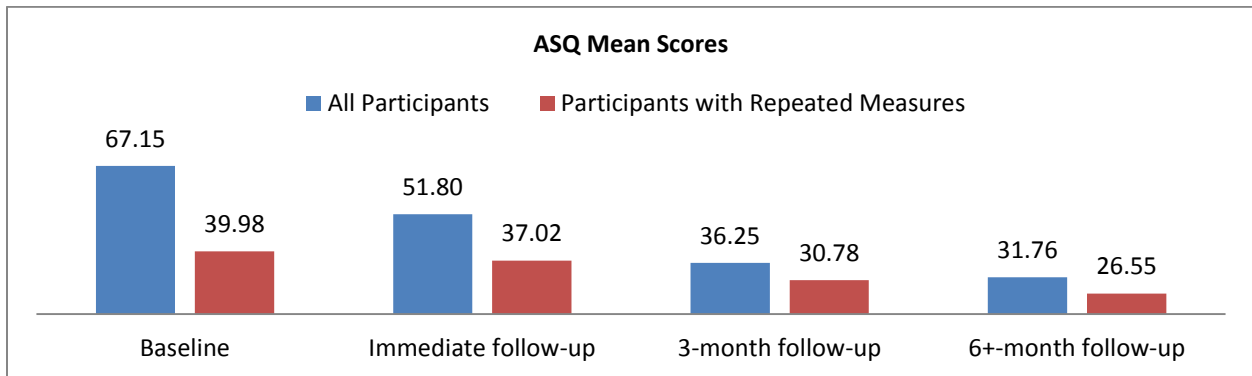
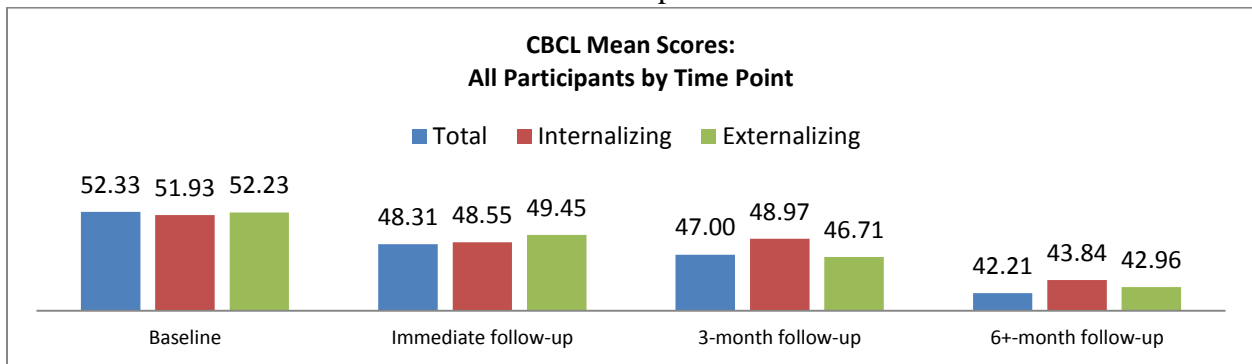
In focus groups and interviews, parents/caregivers described being *overwhelmingly satisfied* with their overall FLIP IT experience, the FLIP IT training session, and the FLIP IT steps/parenting skills that they learned. They described learning new parenting skills that fit with their own personal parenting style and that they are using (either often or sometimes). Although they identified some challenges with implementing the skills (such as forgetting to use them, not using them consistently, or needing to adapt/modify them for their personal circumstances), when asked whether or not they and their families experienced positive outcomes, an *overwhelming 100% of comments described positive outcomes*. There was also a strong desire from parents/caregivers for follow-up (such as coaching or booster sessions) to further enhance and hone their skills that they have learned.

Child Outcomes

Based on scores from the Child Behavior Checklist (CBCL), caregivers reported that their children’s overall behavior problems, internalizing problems (e.g., anxiety, depression, withdrawal, and somatic complaints) and externalizing problems (e.g., delinquent and aggressive behavior) *decreased significantly* following the caregiver’s FLIP IT training session, with the largest decreases noted at the 6+ month follow-up period.

Based on scores from the Ages & Stages Questionnaire (ASQ), caregivers reported that their children’s overall risk for developmental problems *decreased significantly* following the caregiver’s FLIP IT training session, with the largest decreases noted at 6+ month follow-up.

Based on scores from the Devereux Early Childhood Assessment (DECA), caregivers reported that their children’s protective factors (initiative, self-regulation, and attachment in relationships) *increased significantly* following the caregiver’s FLIP IT training session, with the largest increases noted at 3-month and 6+-month follow-up.

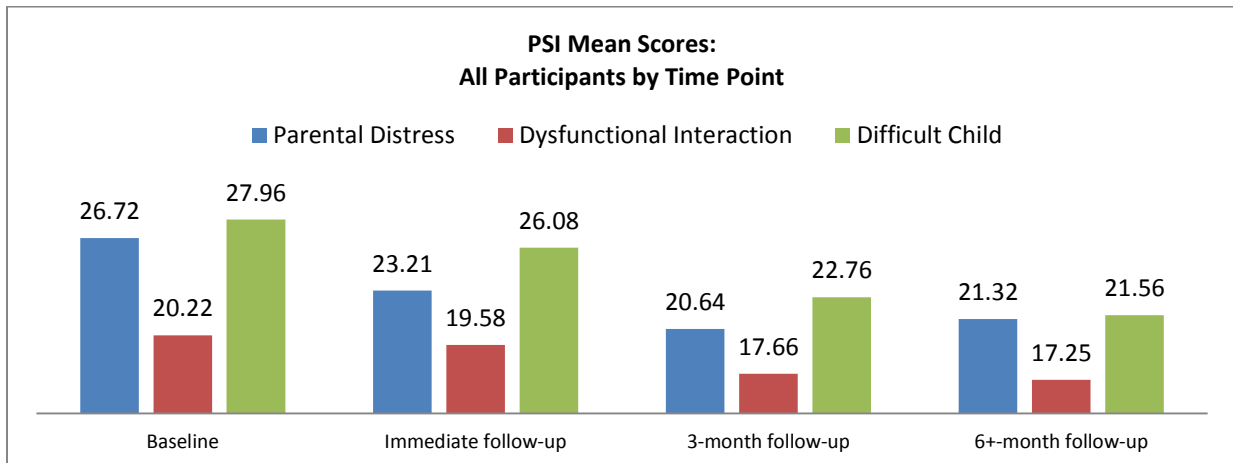
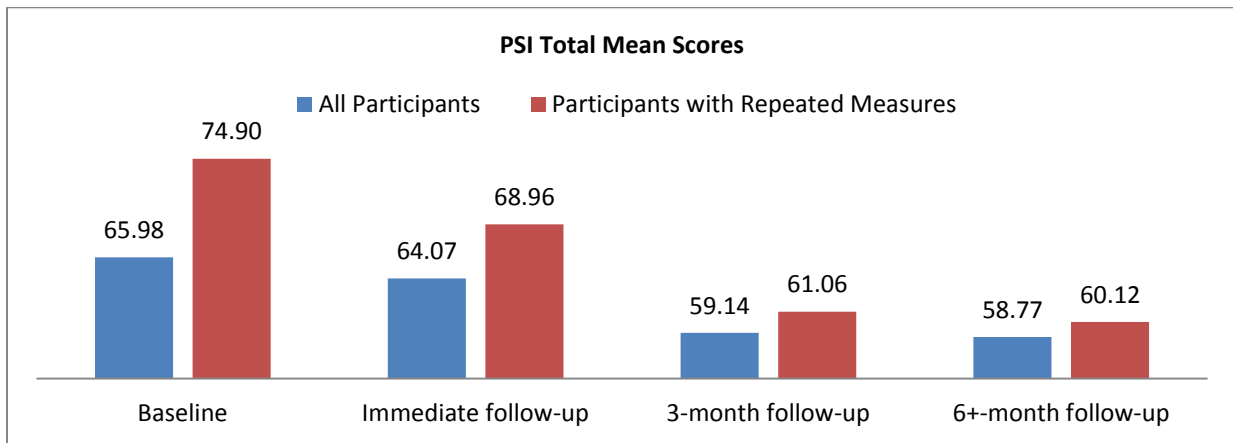
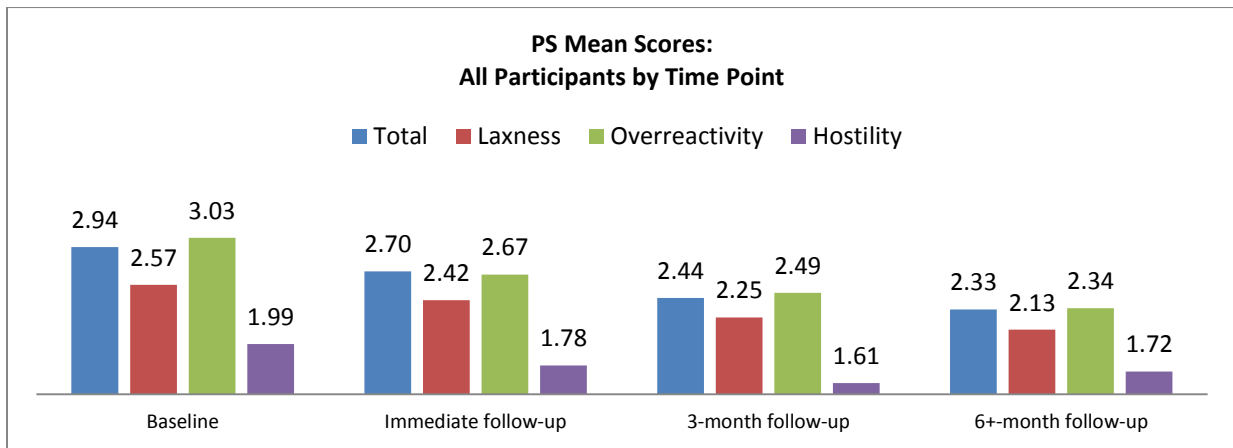


The findings and recommendations of this study may not reflect the views and opinions of the Ohio Department of Mental Health and Addiction Services.

Caregiver Outcomes

Based on scores from the Parenting Scale (PS), caregivers reported that their parenting skills *significantly improved* (and problematic parenting strategies *significantly decreased*) following their FLIP IT training session, with the largest improvements noted at 3- and 6-month follow-up.

Based on scores from the Parenting Stress Index (PSI), caregivers reported that their parenting stress levels and parent-child problems *significantly decreased* following their FLIP IT training session, with the largest improvements noted at 3-month and 6-month follow-up.



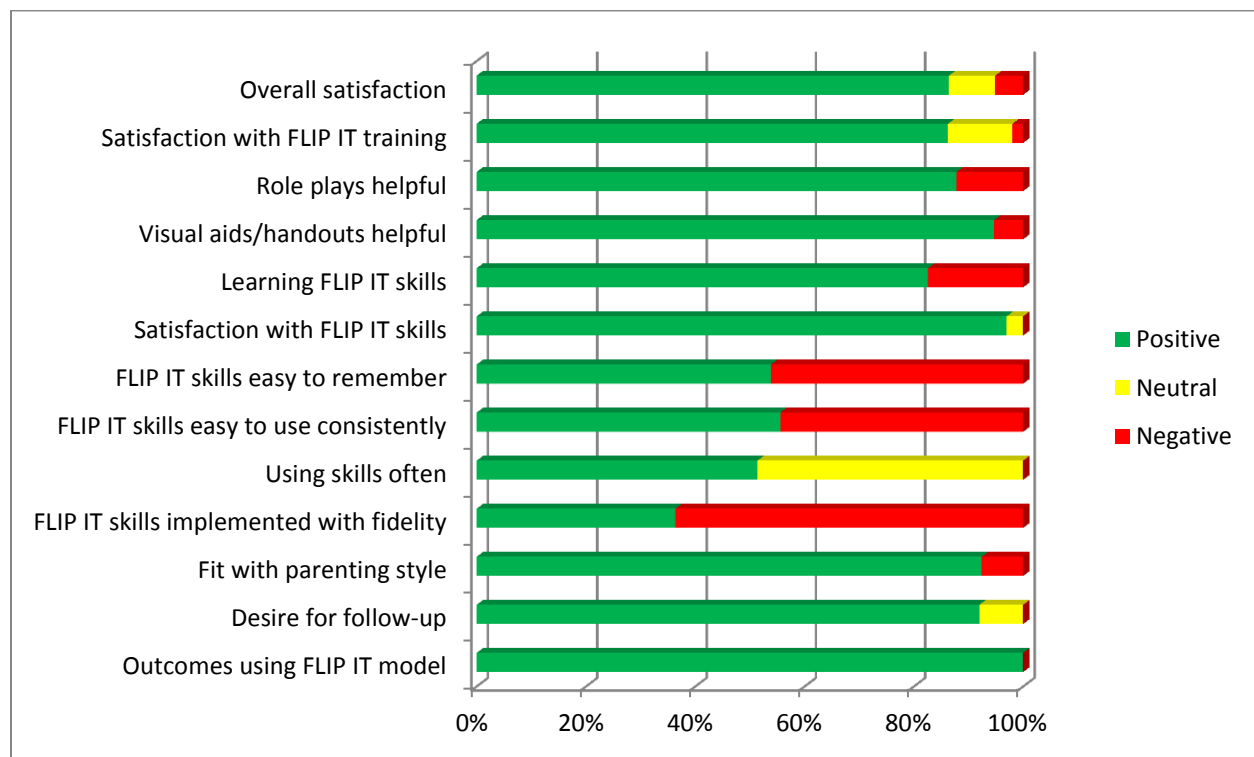
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Outcomes Reported in Focus Groups/Interviews

Based on qualitative analyses of focus group and interview responses, parents/caregivers were overwhelmingly satisfied with their overall FLIP IT experience, the FLIP IT training session, and the FLIP IT steps/parenting skills that they learned. The majority (86%) of participants' comments related to their satisfaction with their FLIP IT experience, compared to 8% that were neutral, and 5% that related to dissatisfaction. Similarly, 86% of participants' comments described satisfaction with the FLIP IT training, compared to 12% that were neutral, and 2% that described dissatisfaction. When asked about their satisfaction with their new skills, 97% of comments described positive satisfaction, compared to 3% that were neutral.

83% of comments described learning new skills through the training, while 17% described not learning new skills (or already knowing the skills/steps). Parents/caregivers found the role plays (88% positive comments) and visual aids/handouts (95% positive comments) from the FLIP IT training session to be helpful in learning the FLIP IT steps. Participants were much more split about the ease of remembering the skills (54% positive, 46% negative) and their ability to use the skills consistently (56% positive, 44% negative). 51% of comments related to using the skills often and 49% related to using them sometimes. 36% of comments described using the skills with fidelity and 64% described making adaptations/modifications to the skills to fit their specific circumstances.

Most importantly, when asked whether or not they and their families experienced positive outcomes, an *overwhelming 100% of comments described positive outcomes*. 92% of comments described the skills fitting with their own personal parenting style and 8% of comments described the skills not fitting. When asked about follow-up, 92% of the comments related to the desire for follow-up (such as coaching or booster sessions) to further enhance and hone their skills, while 8% were neutral about needing follow-up.



Recommendations

These results of this evaluation suggest that the FLIP IT parent-training model is effective in producing positive child, family, and parent outcomes, and that the outcomes are robust and long-lasting (6-months and beyond following initial parent-training sessions).

As such, the FLIP IT parent-training model is recommended for parents who are experiencing behavior problems, anxiety, depression, withdrawal, somatic complaints, delinquent behavior, aggressive behavior, and/or developmental problems in their children- in order to teach parenting skills and strategies to help reduce and mitigate these problems. Similarly, the FLIP-IT parent-training model is recommended for parents who would like to increase their children's abilities to use independent thought and action to meet their needs, to express emotions and manage behaviors in healthy ways, and to promote and maintain mutual, positive connections with other children and adults- in order to teach parenting skills and strategies that focus on increasing these assets and skills in their children.

The FLIP IT parent-training model is recommended for parents who currently use parenting strategies that are inconsistent, permissive, harsh and/or punitive- in order to teach more appropriate and effective parenting strategies that can more effectively manage their children's behavior. Similarly, the FLIP IT parent-training model is recommended for caregivers who are experiencing high levels of stress related to parenting, dysfunctional interactions with their children, and/or beliefs that their children are difficult to manage- in order to teach more effective parenting strategies and techniques that can reduce these problems.

It is recommended that additional support be provided to parents/caregivers following their initial FLIP IT parent-training session, particularly to those who are at risk of abandoning the method or those who are experiencing significant barriers and challenges in implementing the steps. In particular, booster sessions that are offered at various post-training points (e.g., 3 months later, 6 months later) may be particularly helpful for caregivers. This would give caregivers the opportunity to attempt the skills in their everyday lives and to identify challenges and barriers they face in implementing the model. At these booster sessions, it would be helpful for caregivers to receive guidance and support from either FLIP IT trainers and/or other parents who have mastered the FLIP IT method- to ensure that guidance and support is in line with the philosophy and intent of the FLIP IT method. For caregivers who are experiencing on-going difficulty, it is recommended that coaching sessions be available from FLIP IT trainers and/or other parents who have mastered the FLIP IT method. Ongoing coaching can provide these caregivers with hands-on and specific strategies for their unique circumstances, while providing ample time for learning and mastery of the skills.

Finally, it is recommended that the Ohio Department of Mental Health & Addiction Services continue to sustain and support the work of the Early Childhood Mental Health consultants in offering FLIP IT parent-training sessions in their respective service delivery areas. These training sessions (and potential booster sessions and coaching sessions) have the potential to offer parents effective parenting skills that can improve the lives of their children and family members.